

Name in Full

Certificate of Death

*Edwin Amoss*  
 Town County  
 Died at *Jarmsville* *Harford* MARYLAND  
 Date 1902 *Sept 8* Y. M. D. Native of Occupation  
 Age *1*  
 Male ~~Female~~ Married ~~Single~~ Widower Divorced ☒  
 Colored ~~White~~ Number of children living *1*

Husband of  
 Wife

Father's Name *James Amoss* Mother's Maiden Name *Mary Keel*

Cause of Death Primary How long sick

Death Immediate *Masses* 105 Accident, Suicide, Homicide

Reported by *Wm L. Smith MD*

Address *Jarmsville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Josiah Bowser  
 Town Southby County Maryland  
 Died at  
 Date 1904 Sept 7 Age 27 -  
 Male White Married Widowed Divorced  
 Occupation Labour  
 Native of  
 Number of children living

Husband of Susan Bowser  
 Wife  
 Father's Name Joseph Bowser Mother's Name Similia Colvish  
 Maiden Name

Cause of Death { Primary Acute Cor. Failure  
 Immediate Heart Failure  
 How long sick Eight days  
 Accident, Suicide, Homicide

Reported by Dr. H. B. Rome  
 Address Abertons 179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Cunningham  
 Town County

Died at

Ady  
 Month Day

Y. M. D.

Harford

MARYLAND

Date 1902

Month Day

Age 34

Y. M. D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~

Farmer

~~Female~~~~Colored~~

Single

~~Widower~~

~~Number of children living~~

Husband  
 of

Wife

Father's

Name

Mother's

Maiden Name

Hugh Cummings

Cathern Cunningham

Cause of

Primary

Bright's Disease

How long sick

120 6 Mon.

Death

Immediate

Uremic Coma

Accident, Suicide, Homicide

Reported by

Charles W. Timmons M.D.

Address

Street

Harford Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hugh Donohue

Town Aberdeen

County Harford

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902

Sept

4th

Age 33

Iron Moulder

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

166

Cause of

Primary

Killed by cars on P &amp; B RR

How long sick

Death

Immediate

accident

Accident Suicide Homicide

Reported by

James T. Pritchard J.P.

Address

Aberdeen Md coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 1902





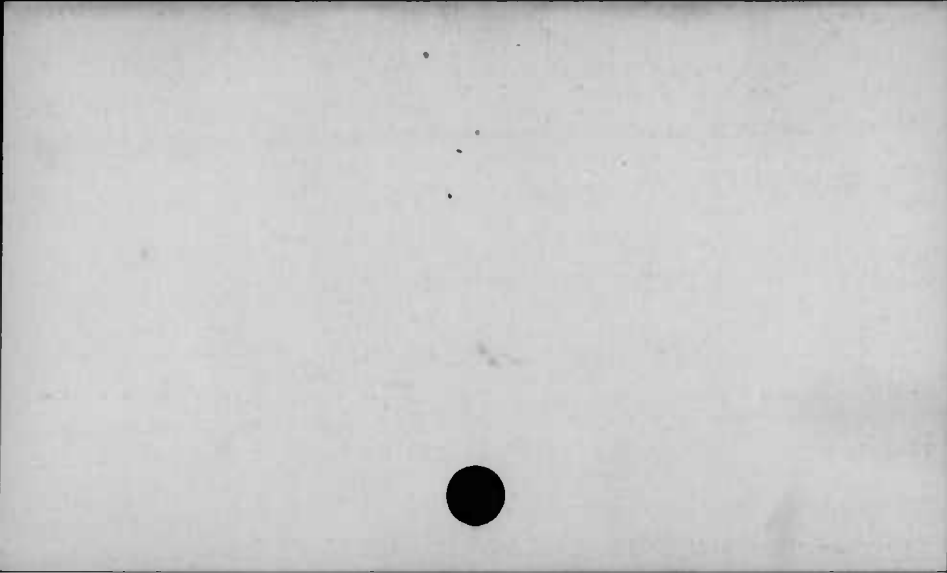
Name in Full

Certificate of Death

Name in Full *Mary Esther Ely*  
 Died at *Hills* Town *Harford* County *MARYLAND*  
 Date 19*02* *Sept* *15* Y. *4* M. *26* D. *Mar* Native of *—* Occupation *—*  
*White* *—* Age *4-26* *Mar* *—*  
*Female* *—* *Single* *Widower* Divorced *—* Number of children living *—*  
 Husband of *—* 105  
 Wife *—*  
 Father's Name *James L. Ely* Mother's Maiden Name *Ada Carman*  
 Cause of Death { Primary *Enterocolitis* How long sick *One week*  
 Immediate *Menigitis* Accident, Suicide, Homicide *—*  
 Reported by *H. L. Smith M.D.*  
 Address *Janetville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73893



Name In Full

Certificate of Death

Henry Garrod

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9-24

Age

3

Ballo

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Maiden Name

James Garrod

Leathem

Cause of

Primary

Bronchial Pneumonia

How long sick

4 days

Death

Immediate

Exhaustion

92

Accident, Suicide, Homicide

Reported by

Address

J. L. Hopkins

Harold Grace

hid

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Infant: Gordon.

Town

County

Died at Cambria

Harford.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9 - 29

Age

16

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

7

Husband  
of

Wife

Father's

Name

Arthur S. Gordon

Mother's

Name

Catherine E. Gordon

Cause of

Primary

Congenital Malformations

How long sick

16 Days.

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Address

J. Warren Ramsay  
Selle York Co. Penna.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sept 30th

Slate Ridge

Name in Full

Certificate of Death

Frances Green

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 27

Age

16

-

-

Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid Fever

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70803





Name in Full

Certificate of Death

Town *Lees Hill* County *Green*  
 Died at *Churchville* *Harford* MARYLAND  
 Date *1902* Month *Sept.* Day *11* Y. *abt.* M. *60* D. *yr* Native of *U.S.A.* Occupation *Labourer.*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ ~~Overseas~~ *Joint know*  
 Number of children living *Joint know*

Husband of \_\_\_\_\_  
 Wife of \_\_\_\_\_  
 Father's Name *Joint know* Mother's Name *Joint know*  
 Cause of Death { Primary *Joint know* Immediate *Heart disease* } How long sick *79*  
 Reported by *D. H. Richardson, M.D.*  
 Address *Bel Air, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25968



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Age

Male

White

Married

Widow

Divorced

Number of children living

6

of

Mother's

Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

LIBRARY BUREAU, 79803



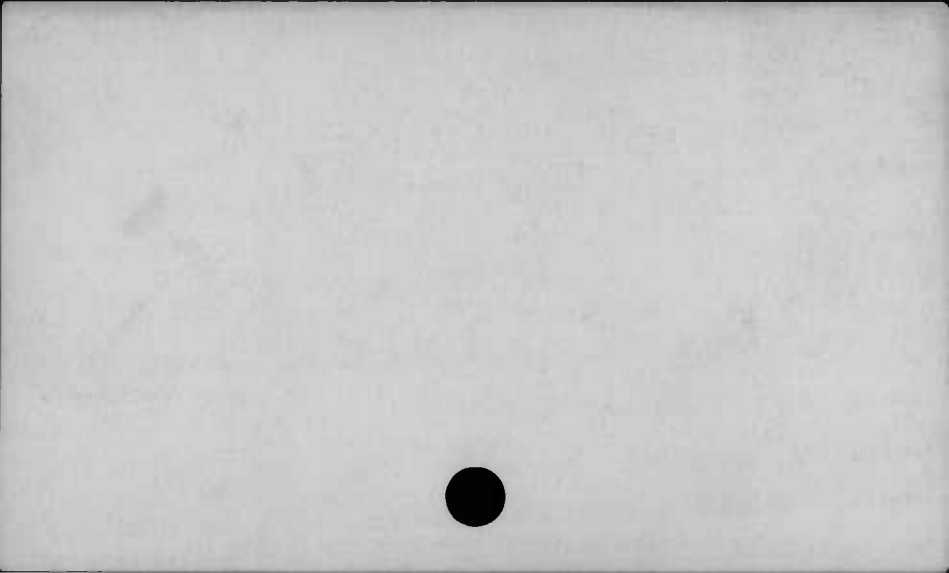
Sarah Jamison  
 Town County  
 Died at Jamettsville Harford MARYLAND  
 Month Day Y. M. D. Native of Occupation  
 Date 1992 Sept 17 Age 51  
Female Colored Single Widow Homemaker  
 Number of children living 8

Wm Jamison  
 of Jamettsville  
 Wife  
 Father's Name Jacob Hall Mother's Maiden Name Caroline Hall

Cause of Death { Primary Heart & Kidney Disease How long sick 3 months  
 { Immediate Dropsy Accident, Suicide, Homicide

Reported by Wm L. Smith M.D.  
 Address Jamettsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 19

Male

White

Age

~~Married~~

Single

M.

D.

Native of

Occupation

~~Female~~~~Colored~~~~Widow~~~~Divorced~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Death

Immediate

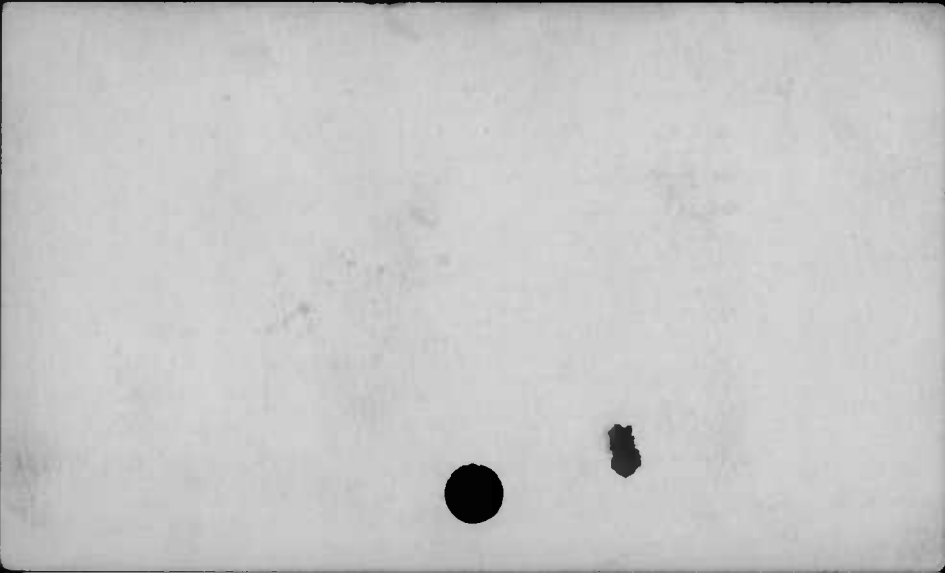
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79648





William L Lynch

Town

County

Died at

Taylor

Harford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sep 19

Age

6 days

md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband of

Wife

Father's

Name

John Lynch

Mother's

Maiden Name

Larissa Dellin

Cause of

Primary

Cathrob

How long sick

24 hours

Death

Immediate

Convalescing

Accident, Suicide, Homicide

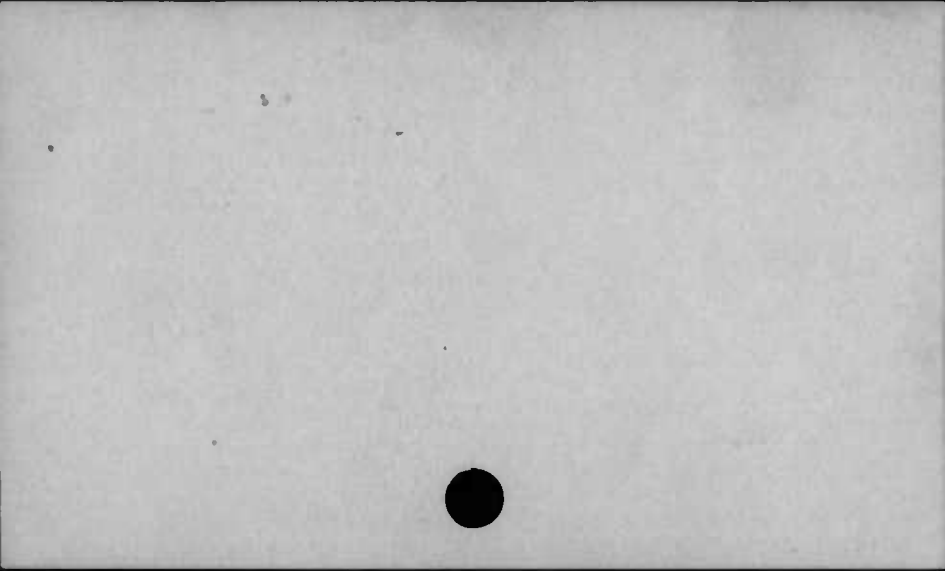
Reported by

Martin L. Jarrett MD

Address

Jarrettville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

106  
 Mrs Sarah. D. McLanni,  
 Town County

Died at Dublin Harford MARYLAND

Date 1902 Sept 8 Y. M. D. Age 72 Native of Harford Occupation Housewife  
 Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living 9

Husband of James McLanni  
 Wife  
 Father's Name Mother's Name  
 Maiden Name

Cause of Death { Primary Cancer of the Stomach immediate  
 How long sick One year  
 Accident, Suicide, Homicide

Reported by Dr. G. H. Johnson 40

Address Street Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hilda May McLeane

Died at

Town

County

MARYLAND

Date 1902 Sept 6

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

4 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

B. E. Montgomery

Town

County

Died at

MARYLAND

Date 1892

Month

Day

Y.

M.

D.

Native of

Occupation

9

21

Age 38

Md. Forest

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 2

Husband

of

Wife

Father's

Name

Asel Montgomery

Mother's

Name

Harriet Montgomery

Cause of

Primary

\_\_\_\_\_

Death

Immediate

Apoplexy

Vert

How long sick

2 days

~~Accident, Suicide, Homicide~~

Reported by

Father M.D.

Address

Perryman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 68066





Name In Full

Certificate of Death

Bernie Nadarynski

Town

County

MARYLAND

Died at

Churchville

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

9

5

Age

2

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Wladyston Nadarynski

Cause of

Primary

Fracture of skull.

How long sick

an hour

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

W. S. Gorsuch, M.D.

Address

Churchville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75058



Name in Full

Certificate of Death

Sylvus B. Plowman

Town

County

Died at

MARYLAND

1902

Month

Day

Y.

M

D.

Native of

Occupation

Date

Sept. 1st

Age

66

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Bright's disease

How long sick

Death

Immediate

Effusion with enlargement of the lungs

Accident, Suicide, Homicide

Reported by

Dr. W. B. Rome

Address

Aberdeen

Hanford Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Died at

Date

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Eva May

1902

Male

Female

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

Month

Day

Y.

M.

D.

Nature of

Occupation

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Mother's

Name

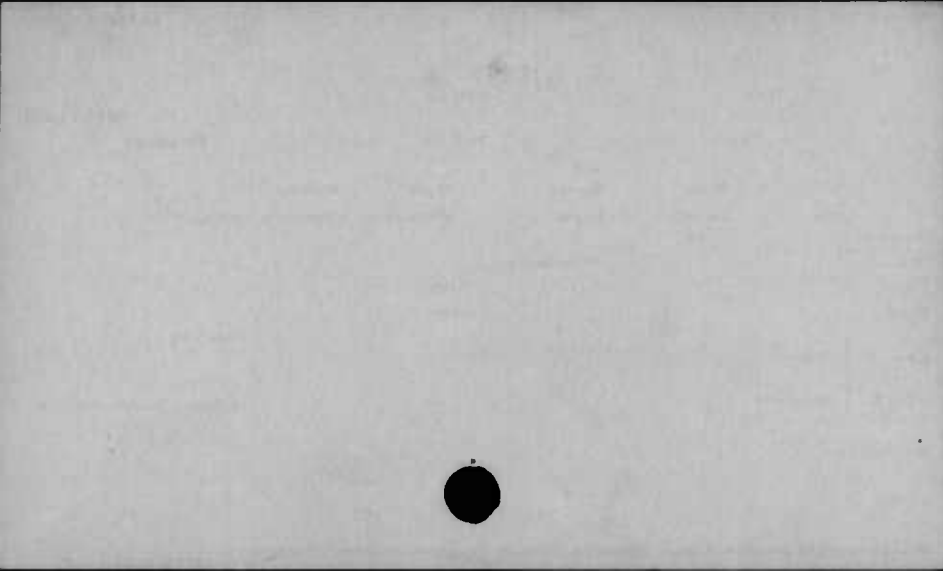
How long sick

Accident, Suicide, Homicide

New E. Roth

Edgewood

LIBRARY BUREAU, 68062



Name In Full

Certificate of Death

Isabell Ritchie

Town

County

Darlington

Hartford

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9

19

55

-

-

Md

Housewife

Age

White

Married

Widow

~~Married~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Hakeman Ritchie

Wm. Scarborough

Elizabeth M. Fisher

Cause of

Primary

Death

Immediate

Brights Disease

How long sick

3 months

~~Accident, Suicide, Homicide~~

Reported by

Address

G. B. Link M.D.

Darlington

120 Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

Thomas William Sullivan

Town

County

Died at Oaklyn

Haddon

MARYLAND

Date 1907 ☒ Sep 18 | Age 25 | Y. M. D. | Native of Irish | Occupation Farmer  
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒ Remarried  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of

Lulu Sullivan

Father's

Mother's

Name Alexander Sullivan Maiden Name

Moses Stacey

Cause of

Primary

Paralysis

Veto

How long sick

3 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

~~Lulu Sullivan~~Chas. B. Kiehl M.D.  
Alexander M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Laud Tabalanski

Town

County

Died at

Fallston Harford

MARYLAND

Date

1902 Sept. 9

Month

Day

Y.

M.

D.

Native of

Occupation

Age

— 8 —

Baltimore

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Dominic Tabalanski

Mother's

Name

Frances Tabalanski

Cause of

Primary

Measles —

How long sick

2 days

Death

Immediate

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

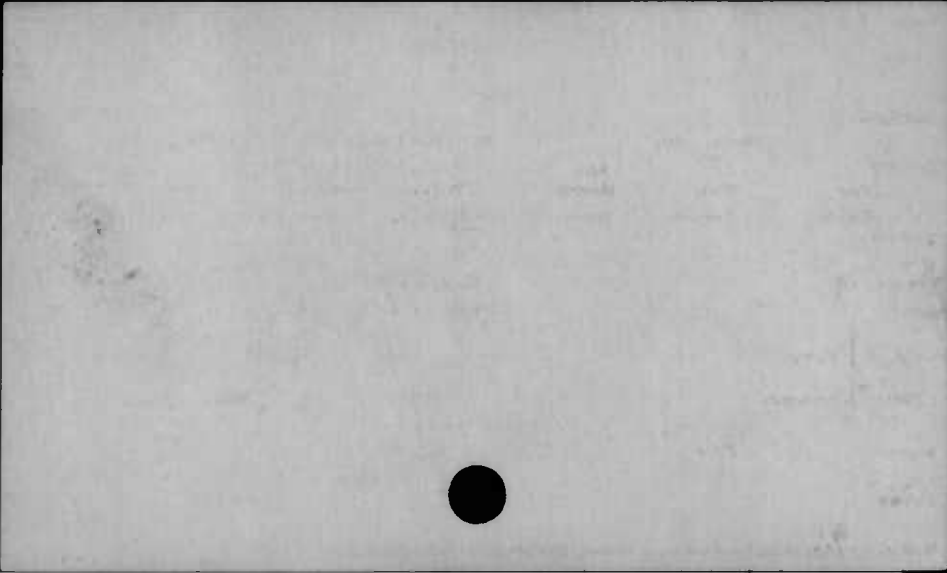
A. F. Van Bibber, M.D.

Address

Bel Air Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Helen Gaylor

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

9

16

3

7

0

Hearford

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

-of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hill Bowser

Edith Gaylor

Primary Disinterring  
Immediate Typhoid

How long sick

Accident, Suicide, Homicide

Perryman M.D.

Perryman M.D.



Name in Full

Alice Rebecca Thompson

MARYLAND

Died at

Loock's Rest

County

Date 1917

Month

Day

Y.

M.

D.

Native of

Occupation

Sep 26

Age

50 a . .

Hagerstown

~~Male~~  
FemaleWhite  
~~Colored~~Married  
~~Single~~Widow  
~~Widower~~~~Divorced~~

Number of children living

3

Husband of

Wife

Father's  
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

4 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. R. Fletcher





Name In Full

Certificate of Death

Brard Turner

Town

County

Died at

Harre de Grace

Harford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9

28

Age 66

Kellanore

Labor

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Orelia Turner

Father's

Mother's

Name

Maiden Name

79

Cause of

Primary

How long sick

Death

Immediate

Heart trouble

Accident, Suicide, Homicide

Reported by

G. T. Cunningham

7. 18.

Address

Harre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79806



Jane Wadsworth

Died at Pylesville <sup>Town</sup> Howard <sup>County</sup> MARYLAND

Date 1902	Month Sept	Day 20	Age	Y. 8	M. 8	D.	Native of Maryland	Occupation Chief
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

Husband of

Wife

Father's Name Helena Walden Mother's Maiden Name Annie-Tierce

Cause of	Primary	<i>Leo. Coe's</i> 105	How long sick 3 mo -
Death	Immediate		Accident, Suicide, Homicide

Reported by V. H. H. H. H.

Address *Delia from C*  *V9.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Issac Harfield

Died at Darlington Harford MARYLAND  
 Town County  
 Date 1902 9 22 Y. M. D. 39 4 — Native of Md Occupation Porter  
 Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living —

Husband of Alice Jackson  
 Father's Name Legitimate Mother's Maiden Name Cassie Harfield  
 Cause of Death { Primary Cancer of Bladder How long sick 5 mo  
 Immediate Cancer of Bladder Accident, Suicide, Homicide

Reported by

Address

M B Smith Md  
Darlington Md 41

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Mrs. Elizabeth Wilgis

Town

County

Died at

Gibson

Hayford

MARYLAND

1902      Month      Day      Y.      M.      D.      Native of      Occupation  
 Date      1902      Sept.      12      Age      80      Mrs.      Widow  
 Male      White      Married      Widow      Divorced  
 Female      Colored      Single      Widower      Number of children living      2

Husband of      Mrs. Wilgis

Father's Name      John Watters

Mother's Name      Ruth Watters

Cause of      Primary      How long sick

Death      Immediate      Old age.      154      Accident, Suicide, Homicide

Reported by      Fr. L. M. Hughes

Address      Gibson, Md.

